May 1, 2014

Animal and Plant Health Inspection Service

Policy and Program Development

Environmental and Risk Analysis Services, Unit 149

4700 River Road Riverdale, MD 20737

Office of Pesticide Programs (7504P) Ariel Rios Building

Document Processing Desk [6(a)(2)]

U.S. Environmental Protection Agency 1200 Pennsylvania Avenue, N.W.

Washington, DC 20460-0001

ATTN:

Mr. Norman Spurling (7502P)

SUBJECT:

FIFRA, Section 6(a)(2) quarterly report: aggregate adverse effect

incidents dated December 2013 and January and February 2014 for the

reporting period ending April 30, 2014

During this reporting period, the following APHIS-registered pesticide product was involved in adverse incidents:

EPA Reg. No. 56228-15

M-44 Cyanide Capsules

Active Ingredient:

CAS No. 143-33-9

Sodium Cyanide

Incident Category

No. of Incidents

W-B

D-A

2 4

Details of the incidents (involving the deaths of four domestic dogs, one feral dog, and one golden eagle) can be found in the enclosures.

Please direct any questions pertaining to this adverse incident report to Ann Nasr at (301) 851-3099 or e-mail ann.m.nasr@aphis.usda.gov.

Sincerely,

David S. Reinhold

Chief, Environmental and Risk Analysis Services

Enclosures (6)

INCIDENT CODE	6(a)(2) AD\	ERSE EFFECTS IN	CIDENT INFOR	MATION REPOR	-	-001
INCIDENT CODE	1				ı	
		INCIDENT STATUS		DATE WS BECAMI	AWARE	DST USE ONLY
T) A	Date	, _ m	Date of last submission			REPORT NUMBER
D-A	New 12/18/	13 Update		12/18/	13	
EMPLOYEE NAME (To cont	act for additional information)	TELEPHONE NUMBER		(If Non-APHIS or differen	A from	TELEPHONE NUMBER
Dale Mi	ller	(918) 340-47	65 Ker	ing Kellet	/ _	(918) 370-1223
DUTY STATION ADDRESS			ADDRESS			
						17
	INCIDENT LOCATION		SOURCE OF INF	ORMATION		
СПҮ	STATE	COUNTY	Self	Telephone Call	1 after	
N/A	3K	Mayes	Media	Oral Report	Other	Investigative Report
EXPOSURE TYPE (Example)	s include spill, splash, drift, run	off or other.)				<u> </u>
Ora	1					
agricultural (specify crop), s	s include commercial or res rengeland/pesture, noncrop a pecify), right-of-way (rafi, utility,	rea, fallow field, public lan	ds application, mixing		transport, rep	CIDENT: (axamples inclusive) air/meintenance of applicat.
Rural	Cattle Pasture	2	Coyote	Damage	Manag	ement
EPA REGISTRATION NUMBI	ER PRODUCT NAME		AC	TIVE INGREDIENT		
56228-15	M-44	Capsule		Sodium Ci	janide	
WAS THE PRODUCT	WHAT WAS THE	DILUTION RATIO (I applica		RE THE LABEL		HE APPLICATOR
Concentrated Dik	ted N/A		1	Yes No	1	FIED (If applicable) es No
S THERE EVIDENCE OF INT	ENTIONAL MISUSE (If "Yes",	explain)				
Yes Alo						
SUMMARY OF THE INCIDEN	T (Attach supplemental form)	· · · · · · · · · · · · · · · · · · ·				
attached						

		*	000	
NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE 0000	6 C C
Kevin Grant	Kevin Span	1 (405) 521-4039	1/1/14	
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE 00 0	00000
Kenny Kellett	Kenny Kollo	# (918) \$70-1223	1/2/14	66077
WS FORM 189 (2007)	(A)		0	
	U		0000	

"X" ONE		19	"X" ONE		NUMBER OR ACRES AFFECTED
Amphibian Flah Bird	Mammal Invertabrate	Reptile	Plant Oomestic	Wild	
SPECIES COMMON NAME			BREED (If known)	Como ha	and
Doc DESCRIBE SIGNS, SYMPTOMS, ADVERSE I	FFECTS			Greyho	
Dog was found The cause of de	on a Probe	stro wher	e M-44 de	nces w	ere legally placed
7	10	in I mad	The determi	ned a	Cher dec
The cause of at	ath was r	107 / EACK	19 000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TICI dug
was exhumed.					
TI ANDRAYONY TOUGH LUNDER REPROMEE	TALLED OF SPRING	A AND OPALH TO AL			
LABORATORY TESTS WERE PERFORME	D, LIST HAME OF TEST(S	O AND KESULIS (II 8	evaliable, attach copies):	- OK S	tate University
At at later dat Vet. Lab. No ex however, orange	Land of acid	ones (1)	cropsied wi	4h2	mouth areas
Vet. Lab. No ex	revnox evia	ion sistem	twith mul	4 COAK	ule due marker
was indicated in	. color way	books Arra	when area	-, (cq5 g	are of the market
was marcated m	The escipe	inguity in	9 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
IAGNITUDE OF THE EFFECT (e.g., miles of	streams, square area of te	rrestrial habitat)			
N/A					
ESTICIDE APPLICATION RATE AND METH	,	ude brief description o	of baiting if applicable)		
1 capsule @ 191	capsule				0
/AS PREBAITING USED ON THE SITE (Deed	ribe)				
Yes No	•				
ESCRIPTION OF THE HABITAT AND CIRCU					
M-44 device was	Placed in	a eattle	pasture for	- conct	e damage
management. The roam at large. When it tresposse	z neighbor	actoss	the road	allowe	d degs to
round at large.	one of the	e dogs o	ppearently o	lischaro	ad a device.
when it traspasse	d conto the	Pastur	,		
be were it is a practice		7 1 1			
DOITIONAL FACTORS			3		
Incident was per	sonally inve	ertigated	by a WS So	perviso	or and a
Pestic do Inspector	from the O	K Dept of	F Agriculture	, Food	and Foresty
Pesticide Inspector for Ensumer Protection	Division.	The Inves	stigation con	cluded	that the !
esticide label, 26 U	se Restriction	ons, WI	policies, an	d Stat	e low were
all followed.		, ,	•		0 00000
AME OF PREPARER		SIGNATURE			DATE
Kevin Grant		Thurs	Many		1/2/44 DATE
AME OF SUPERVISOR		SIGNATURE	hant		DATE
Kenny Kellett		12/	Kellett		1/7/14



United States
Department of
Agriculture

Subject: Complaint

Date: December 20, 2013

Marketing and Regulatory Programs To: Kevin Grant

Animal and Plant Health Inspection Service As per your request I have reviewed the complaint on M-44 (sodium cyanide) on property on December 18th, 2013. The results of my review are stated below.

Wildlife Services A total of 8 M-44 was on the Property at the time of my arrival on December 19th, 2013. Bilingual warning signs were present at the only entrance, each corner of the property as well as elevated warning signs within 25 feet of each individual m-44 device. WS Directive 2.201; WS Directive 2.401; WS Directive 2.210 and The 26 M-44 Use Restrictions were in compliance.

Southeast District Office

David C. Dudley HC 67 Box 900 Antlers Ok 74523

(580) 298-3817

reported to Oklahoma Dept. Of Agriculture Consumer Protection Service that her dog that appeared to be a greyhound was killed by poison that USDA had put out across the county road of her house. She also reported that not all of the signs was present until that evening of December 18th after her husband came home from work around 4:30. She stated to me and the Agriculture Field Inspector Jeremy McReynolds that the only sign that was present at the time she found her dog on the north side of the entrance and was tied to the gate with a zip tie or a red ribbon she said someone had put signs up between that time and the time her husband came home at 4:30. I have met with her and her husband and found much conflicting evidence to their story. The husband said the dog was found dead 50 feet from the M-44 unit and later said it was 100 yards from the unit. said that she was the only person on the property and then said her husband was also on the property. The husband said if he was warned there was going to be poison in the area that he would had put his dogs up to prevented this but yet they still have two dogs roaming at free will. He also said the dog had been buried on his work property by a co-worker and he had to go dig it up for us but there was no mud or dirt on the dog. The dog had no blaze-orange marker particles in or around the mouth. Also it appeared the dog had been bleeding from the mouth like they was some type of damage inside the dogs cavity. This type of death is not consistent with sodium cyanide.

On December 18th, I received the call from you at 4:45 pm. that there was a complaint in Mayes co. and at 4:47 pm. I called Dale Miller and left a message on his cell phone to call me back, I did not speak to Dale about the complaint until 9:39 am on the 19th. Wildlife Specialist that Works Mayes county was off on sick leave of the 18th, evidence that prove this can be found in his field diary.





United States Department of Agriculture Animal and Plant Health Inspection Service

Dale's field diary has daily events for each day as well as start and stop time and ending mileage of the day. When I talked to Dale on the 19th and found out that he was on sick leave for the 18th, I Told him to drive to the property and see if he had any M-44 pull's and find the dog in question. He later call me back and told me that he had pulls on his units but was unable to find any dog or coyotes. He also told me that someone had the gate entrance block and he didn't feel safe to exit the property to meet me. I then told him to stay where he was at until I arrived at the property. When the vehicle moved to where Dale could exit the property he left and met me at Wal-Mart on the north parking lot at Pryor at 12:30pm. I look at Dale's field diary and he had the 18th as a sick leave, I then looked at his ending mileage for the 17th, which were 136469 his present reading that was 136510 that told me his ending mileage for 17th, and his present miles for the 19th, was the difference of 41 miles. I later googled the distance from Dale's house were his vehicle is kept to Pryor Wal-Mart and distance was 31.6 miles. I will attach 17th. ending mileage. Keep in mind that he didn't drive a straight distance from his house to Pryor he went to property looking for units pulled and a dead dog.

With this and his records that he showed on his field diary that I will attach to this letter on December 9th, and December 13th, that stats that he was on the property posting signs and 3 different statements from individuals that clearly says sign was posted on the property days before M-44 were set on this property.

Respectfully submitted,

Kenneth. L. Kellett Jr. Northeast District Supervisor

		6(a)(2) ADV	ERSE	EFFECTS INCI	DENT INFO	ORMA	TION REPORT			
INCIDENT CODE				DENT STATUS			DATE WS BECAME	WARE	ES USE	ONLY
		Date			ate of last submi	ission	OF THE INCIDENT		REPORT NUM	BER 1
D - A	L ² New	01/28/20	14	Update			01/28/2	014		
EMPLOYEE NAME (To conta	ct for additio	nal information)	TELEI	PHONE NUMBER	CONTACT NA	ME (If N	Non-APHIS)		TELEPHONE N	UMBER
Michael Hals	tead		70	1-584-2116						
DUTY STATION ADDRESS					ADDRESS					
407 South	Main S	Street								
Elgin, ND	58533									
	INCIDE	NT LOCATION			SOURCE OF	NFORM	MATION			
CITY		STATE	COUN		Self	ĺ	Telephone Call	Letter		
Selfridge	Ì	ND	S	ioux	Med	ia [Oral Report	X Other	MTC D	ata
EXPOSURE TYPE (Examples	include spil	l, splash, drift, runo	ff or oth	ner.)						
INCIDENT SITE [examples agricultural (specify crop), ra (specify), recreational area (sp	angeland/pa	asture, noncrop ar	ea, fall	ow field, public lands	application, mi	ixing/loa	NG TO PRODUCT Aiding, reentry, during transfer in the control of t	ansport, rep		
Rangeland/Pa	sture						ice activa - Domestic		y non-ta	ırget
					_			5		
EPA REGISTRATION NUMBE	R	PRODUCT NAME			1	ACTIV	E INGREDIENT		-	
56228-15		M-44				So	dium Cyan	ide		
WAS THE PRODUCT		WHAT WAS THE	DILUTIO	ON RATIO (If applicable	e)	WERE	THE LABEL	WAST	HE APPLICATOR	₹
Concentrated Dilu	ted					L477	rions followed es No	CERTI	FIED (If applicabl	e)
IS THERE EVIDENCE OF INT	ENTIONAL	MISUSE (If "Yes",	explain)							
Yes X No										
SUMMARY OF THE INCIDEN	T (Attach su	pplemental form if	needed)						*:
						_				
M-44 devices					ntegrat	ed p	predator d	amage		
program for	lives	tock pro	tec [.]	tion.					0 000	
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									000000	
NAME OF PREPARER		sig	NATUE	RE		TELEP	HONE NUMBER		DATE O O O	
Nancy Stepha	ın	/	$\int_{\mathcal{O}}$	uni Stirk.	on	70:	1-250-4405		02/24/	2014
NAME OF SUPERVISOR		SIG	NATUE	37 2	_ ,	TELEP	HONE NUMBER	·	DATE	-
Phil Mastra	ngelo	1	V,	Ke ()/h	10//	701	-250-4405		02/24/	2014

		ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEME	NTAL REPORT FORM	REPORT NUMBER
"X" ONE	"X" ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish Bird Mammal Invertebrate Reptile Plant	Domestic Wild	NOMBER OR AGRES AFFECTED
SPECIES COMMON NAME	BREED (If known)	
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS	390	
DESCRIBE SIGNS, STRIFTONS, ADVERSE EFFECTS		
The Domestic Dog was killed after activat:	ing a M-44 device	.
IF LADORATORY TOTAL WINDS		
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available	, attach copies):	
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)		
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting	g if applicable)	
1 M-44 device was activated.		
WAS PREBAITING USED ON THE SITE (Describe)		
Yes X No		
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURR		
M-44 devices were set in Range/Pasture land	for management o	f coyote
predation in livestock.	a	
		0 000
ADDITIONAL FACTORS		0 0 0
At the request of the landowner we have used M-44's for the pas	t 3 years as an aid to calf	depredation (longer if you
count work done by the previous specialist). The landowners we	ere fully aware of the dar	igers to damestic dogs and
were fully supportive of their use. Unfortuately their dogs got as not return.	way from them on one o	ccasion and one dog diff
		0 00000
NAME OF POPPAPER		000000 =
Name of Preparer Nancy Stephan	1- <i>()</i>	DATE 0000
- Illances	Teshan	02/24/2014
NAME OF SUPERVISOR Phil Magtrangolo	V _ / -	DATE
Phil Mastrangelo	orland	02/24/2014
WS FORM 160B-R (June 99) (Local Reproduction Authorized)		

	6(a)(2) ADV	ERSE EFFECTS INCI	DENT INFOR	RMATION REPORT	
INCIDENT CODE		INCIDENT STATUS		DATE WS BECAME AWARE	ES USE ONLY
WB	Date 01/29/20		ate of last submiss	0F THE INCIDENT 01/29/2014	REPORT NUMBER
EMPLOYEE NAME (To contact	t for additional information)	TELEPHONE NUMBER	CONTACT NAM	E (If Non-APHIS)	TELEPHONE NUMBER
Scott Evens		701-728-6623			
DUTY STATION ADDRESS		I	ADDRESS		
930 59th St	reet North				
Granville,	ND 58741				
	INCIDENT LOCATION		SOURCE OF IN	FORMATION	
city Towner	STATE ND	COUNTY McHenry	Self	Telephone Call Le	tter MIS Data
	ND		Media	Oral Report X Ot	herHIB_Data
INCIDENT SITE [examples	include commercial or resi	dential sites, forest/woods,		LATING TO PRODUCT ADVERSE	
agricultural (specify crop), rai (specify), recreational area (spe				ng/loading, reentry, during transport, ng manufacturing/formulation]	repair/maintenance of application
Rangeland/Pas	sture		1	device activated es - Feral Dog	by non-target
<u>~</u>			_	J	
EPA REGISTRATION NUMBER	R PRODUCT NAME		A	ACTIVE INGREDIENT	
56228-15	M-44			Sodium Cyanide	
WAS THE PRODUCT	WHAT WAS THE	DILUTION RATIO (If applicable			S THE APPLICATOR
Concentrated Dilute	ed		۔ ا		RTIFIED (If applicable) Yes No
IS THERE EVIDENCE OF INTE	:NTIONAL MISUSE (If "Yes",	explain)			
Yes X No					
SUMMARY OF THE INCIDENT	(Attach supplemental form if	needed)			
	had been set livestock pro	_	ntegrate	d predator damag	0 600
					0 0000
					0000 00000
		11855			0 000
					0 0 0 0 0 0 0
					O O O O O O
NAME OF PREPARER	sic	NATURE // /	// 	ELEPHONE NUMBER	DATE 0
Nancy Stepha		Janus Hosti	an	701-250-4405	02/24/2014
NAME OF SUPERVISOR	1 /	NATURE)	т т	ELEPHONE NUMBER	DATE
Phil Mastrar	ngelo	Il hour	ho	701-250-4405	02/24/2014

•		ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEM	ENTAL REPORT FORM	REPORT NUMBER
"X" ONE	"X" ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish Bird X Mammal Invertebrate Reptile Plant	Domestic X Wild	
SPECIES COMMON NAME SOLVED COMMON NAME SOLVED COMMON NAME	BREED (If known)	
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS	·	
The Feral Dog was killed after activating	a M-44 device.	
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available	e, attach copies):	
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)		,
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting	ng if applicable)	
1 M-44 device was activated.		
WAS PREBAITING USED ON THE SITE (Describe) Yes X No		
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCUR M-44 devices were set in Range/Pasture land		f coyote
predation in livestock.		
		0 0 0
ADDITIONAL FACTORS		0 0000
		0000 00000
		0 0 0 0000
		0 0000
NAME OF PREPARER Name of Preparer Name of Preparer Signature	41	DATE 02/24/2014
Nancy Stephan Name of Supervisor Signature	Maran	02/24/2014 DATE
Phil Mastrangelo	THE	02/24/2014

NCIDENT CODE	6(a)(2) AD	VERSE EFFECTS INC	CIDENT INFORMA	ATION REPORT DATE WS BECAME AWARE	ES USE ONLY		
	Date	- +	Date of last submission	OF THE INCIDENT	REPORT NUMBER		
D-A	New	Update		2/10/2014			
MPLOYEE NAME (To ∞	intect for additional information	TELEPHONE NUMBER	CONTACT NAME (If	Non-APHIS)	TELEPHONE NUMBER		
n m		6.00/0.1-100			1		
TOTY CE	-wen	919/845-6201	ADDRESS		-l		
P.O. Box 60	s N cJ	•	ADDRESS				
	-						
Bryan, TX							
	INCIDENT LOCATION	COUNTY	SOURCE OF INFOR				
etty 	JAIL	COURTY	Setf	Telephone Call Let			
Shiner	TX	Laváca	Media	Oral Report Ott			
XPOSURE TYPE (Exam	ples include spill, splash, drift, r		. 1	, ,	11 1		
Maa pulled	1 M-44 dev	ice Placea	for coy	ote deprea	ation of ea		
NCIDENT SITE ISVAMI	les include commercial or i	residential sites, forest/wood	S. SITUATION RELAT	ING TO PRODUCT ADVERSE	INCIDENT: [examples include		
gricultural (specify crop), rangeland/pasture, noncro	p area, fallow field, public land	ds application, mbdng/lo	eding, reentry, during transport, (anufacturing/formulation)	repair/maintenance of application		
अञ्चलाम्), रच्या वस्त्राच्यासा साच्य	a (specify), right-of-way (rail, util	.y, 1.811# <i>03/)</i>					
D1	PrivateLa	ad	applica	TION			
asture -	rrivaleza	ng	//				
PA REGISTRATION NU	MBER PRODUCT NA	ME	ACTI	VE INGREDIENT			
56228-	15 M-44	Lyanide Co	psules s	odium cyani	de		
VAS THE PRODUCT		HE DILUTION RATIO (If applica	ble) WER	E THE LABEL WA	S THE APPLICATOR		
Concentrated	Diluted C	1.06%	,	-,	Yes No		
				160	100		
	IN IEM HOWAL MISORS (IL. Le	s . extrant/					
S THERE EVIDENCE OF							
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Yes 📝	No	n if needed)	10				
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Yes 📝	No		<u> </u>				
Yes W	No		7 TELE	EPHONE NUMBER			
UMMARY OF THE INCH OF CALVE AME OF PREPARER N TATY MC	No	SIGNATURE (Myn a	7 TELE	EPHONE NUMBER 19/845-6201			

		ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEME	NTAL REPORT FORM	REPORT NUMBER
"X" ONE	"X" ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish Bird Mammal Invertebrate Reptile Plant	Domestic Wild	
SPECIES COMMON NAME	BREED (if known)	
DESCRIBE SIGNS, SYMPTOMB, ADVERSE EFFECTS	mixed	
dead dog		
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available	, stitach copies):	•
N/A		
MACHINE OF THE PERSON I		
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat) Exact location of device		
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of bailting	ı if applicable)	
M-44 placed in accordance wi	th use rest	rictions
WAS PREBAITING USED ON THE SITE (Describe) Yes No		
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURR	ED	2. ,
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED PASTURE) M-49 depredation of calves.	H's placed +	or coyote
£		
ADDITIONAL FACTORS		0 0 0
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		0 000
		0 0 0 0 0 0
	A	0 0 0
SIGNATURE SIGNATURE SIGNATURE SIGNATURE		2/11/2014
NAME OF SUPERVISOR SIGNATURE	2/1/	DATE
Michael Balanchul	lili	2/13/14
NS FORM 160B-R (June 98) (Local Reproduction Authorized)		May are an all a second and a second as a

February 11, 2014



United States Department of Agriculture

Animal and Plant Health Inspection Service

Subject: Golden eagle take with M44

To: Memo to file

105 B Ponderosa Christiansburg, VA 24073

Wildlife Services

(540)381-7387 (540)381-7359 fax WS Stacey Coggins called the district office the afternoon of February 7, 2014 to report that he had found an eagle and that a M44 device roughly 60 yards away had been pulled. I immediately called the state office and reported the incident to SD Barras. SD Barras instructed me to schedule a site visit/inspection and to contact the USFWS in Richmond. I spoke to USFWS and made tentative arrangements to transfer the eagle.

WS Coggins identified/confirmed that this was a golden eagle when he returned to his duty station later that day. WS Coggins and I met the morning of February 8 to conduct the site inspection. WS Coggins followed all directives/policies to perform work on this property. M44s were set in accordance with all 26 use restrictions. M44s on this property were baited with a commercially available meat based lure. The farm has a long history of predation and was currently being worked preventatively as sheep are brought into the area in the spring. The M44s were set on January 15, and were not checked until February 7. The lapse in normal routine checks was due to adverse weather conditions which caused the site to be inaccessible.

The eagle was found 58 paces from the M44 device directly under a large tree. The eagle was found on its back, wings tucked in. There was no visible orange marker present anywhere on the bird. However, upon further investigation using a black light we determined that the eagle did have traces of orange marker present.

Arrangements were made to transfer the eagle to the USFWS the week of February 16.

Chad Fox

District Supervisor

APHIS

Saleguarding American Agriculture

APHIS is an agency of USDA's Marketing and Regulatory Programs An Equal Opportunity Provider and Employer

-	•		ANIMAL AND PLANT WILD	LIFE SERVICES	N SERVI	_		Amend
		B(a)(2) ADVE	RSE EFFECTS	INCIDENT INFO	ORMA			
INCIDENT CODE		hata .	INCIDENT STATUS	B-4		DATE WS BECAME A OF THE INCIDENT	WARE	ES USE ONLY REPORT NUMBER
W-B	Now	7 Feb 1 9	Update	Date of last subm	itesion	7 Feb 19	1	REPORT NUMBER
Staces T	lact for additions		TELEPHONE NUMBER		AME (If N	ion-APHIS)	·	TELEPHONE NUMBER
DUTY STATION ADDRESS	-0931	VID		ADDRESS				<u> </u>
	INCIDENT	LOCATION		SOURCE OF	INFORM	IATION		
CITY	8	TATE	COUNTY	Set	· [Telephone Call	Lette	r
Criders	- 1	VA	Rockinghun	1 Mac	ia [Oral Report	Cthe	r
EXPOSURE TYPE (Example	es include apili, :			·				A POWER IN
Golden Ea	agle to	cken with	n M-44					
shell i	n spri	ing and	graze summer	5,50	nd-h xest	on happen	sol du	onthe work
Pasture f shelp in	BER P	PRODUCT NAME			ACTIV	E INGREDIENT		entrol work
	BER P	PRODUCT NAME	graze summer, yande Cap		ACTIV			ontrol work
EPA REGISTRATION NUME	BER P	RODUCT NAME		sule	ACTIV	E INGREDIENT	nide was	THE APPLICATOR
EPA REGISTRATION NUMBER 56228-1 WAS THE PRODUCT	BER P	RODUCT NAME	yanide Cap	sule	ACTIV	e ingredient odivon Cya The Label	Mide WAS CERT	THE APPLICATOR
EPA REGISTRATION NUMBER 56228-1 WAS THE PRODUCT	BER P	PRODUCT NAME M-44 C WHAT WAS THE D	yande Cap ILUTION RATIO (IT app	sule	ACTIV	E INGREDIENT OCI D'AL CYA THE LABEL TONS FOLLOWED	Mide WAS CERT	THE APPLICATOR TIFIED (If applicable)
EPA REGISTRATION NUMBER 56228- WAS THE PRODUCT Concentrated DI IS THERE EVIDENCE OF IN Yes SUMMARY OF THE INCIDE	BER P / 5 Illuted W TENTIONAL M O ENT (Attach supplements)	RODUCT NAME M-44 C WHAT WAS THE D HSUSE (II "Yes", ex	yande Cap ILUTION RATIO (II app explain)	sule	ACTIV	E INGREDIENT OCIUM CYA THE LABEL TIONS FOLLOWED (49 No	Mide Was CERT	THE APPLICATOR TIFIED (If applicable) Yes No
EPA REGISTRATION NUMBER 5628-1 WAS THE PRODUCT Concentrated DI IS THERE EVIDENCE OF IN Yes No. SUMBRARY OF THE INCIDE	BER P / 5 Illuted W ATENTIONAL M O ENT (Attach supplice M-4	PRODUCT NAME M-44 C WHAT WAS THE D HSUSE (II "Yes", ex plemental form if n	yande Cap ILUTION RATIO (II app explain)	sule slicable)	ACTIV S WERE	e ingredient odiva Cya THE LABEL THOUSE FOLLOWED 198 No	was cent	THE APPLICATOR TIFIED (If applicable) Yes No
EPA REGISTRATION NUMBER 56228- WAS THE PRODUCT Concentrated DI IS THERE EVIDENCE OF IN Yes No. SUMMARY OF THE INCIDE When the	BER 15 Illuted STENTIONAL M CONT (Attach supple) Seagle	PRODUCT NAME M-44 C WHAT WAS THE D IISUSE (II "Yes", explemental form if n GRAVICE WAS CO	yanide Cap ILUTION RATIO (If app Applain) oodod) was che und und	sule slicable) ckeel, it er a t	WERE DIRECT	E INGREDIENT OCIVIN CYA THE LABEL THONS FOLLOWED 188 NO 25 Faund About	was cert	THE APPLICATOR ITIFIED (If applicable) Yes No Re Fired.
EPA REGISTRATION NUMBER 56228-1 WAS THE PRODUCT Concentrated DI IS THERE EVIDENCE OF IN Yes No SUMBRARY OF THE INCIDE When the A golden of No cyanid	BER P 15 WILLIAM ENT (Attach sup) Re M-4 Ragle Re 604	PRODUCT NAME M-44 C WHAT WAS THE D HISUSE (II "Yes", ex plemental form if n 4 device Was for	yande Cap ILUTION RATIO (II app Replain) occoded) und und ac failus	sule sicable) cked, it er a t	ACTIV S WERE DIRECT WAR	e ingredient odium Cya THE LABEL THONS FOLLOWED 198 No 25 found about animal	was cent	THE APPLICATOR TIFIED (If applicable) Yes No Re fixed. yds away. in Tho
EPA REGISTRATION NUMBER 56228-1 WAS THE PRODUCT Concentrated DI IS THERE EVIDENCE OF IN Yes No SUMBRARY OF THE INCIDE When the A golden of No cyanid	BER P 15 WILLIAM ENT (Attach sup) Re M-4 Ragle Re 604	PRODUCT NAME M-44 C WHAT WAS THE D HISUSE (II "Yes", ex plemental form if n 4 device Was for	yande Cap ILUTION RATIO (II app Replain) occoded) und und ac failus	sule sicable) cked, it er a t	ACTIV S WERE DIRECT WAR	e ingredient odium Cya THE LABEL THONS FOLLOWED 198 No 25 found about animal	was cent	THE APPLICATOR TIFIED (If applicable) Yes No Re fixed. yds away. in Tho
EPA REGISTRATION NUMBER 56228- WAS THE PRODUCT Concentrated DI IS THERE EVIDENCE OF IN Yes No. SUMMARY OF THE INCIDE When the	BER P 15 WILLIAM ENT (Attach sup) Re M-4 Ragle Re 604	PRODUCT NAME M-44 C WHAT WAS THE D HISUSE (II "Yes", ex plemental form if n 4 device Was for	yande Cap ILUTION RATIO (II app Replain) occoded) und und ac failus	sule sicable) cked, it er a t	ACTIV S WERE DIRECT WAR	e ingredient odium Cya THE LABEL THONS FOLLOWED 198 No 25 found about animal	was cent	THE APPLICATOR TIFIED (If applicable) Yes No Re fixed. yds away. in Tho

			000000
NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
Stacey T Coggins	Hacey & Coggins	540-292-6338	7 500 19
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE
Chad Fox	That In	546-381-7387	2/8/14
INS FORM 160-P (June 98)	(Local Reproduction Authorized)		

Amund

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLE	SACRITAL DEDOOT FORM	ES USE ONLY REPORT NUMBER
	EMENIAL REPORT FORM	
"X" ONE	"X" ONE	NUMBER OR ACRES AFFECTED
Amphiblan Fish Bird Mammat Invertabrate Repille P	tant Domestic VVIta	1
SPECIES COMMON NAME Golden Eagle	EREED (If known)	
PROPERTY ALEXANDER AND	- () (>	> 10 1
Eagle was found dead in pro	oximity (58 yds c	x so) of tiked
Eagle was found dead in pro M-44 device. Eagle was found ben as if it had fallen out of th	exth a large tr	ee and opprone
IE LA DONATION ATTORNATION		
HE LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (If available black light confirmed orange mass		CF 2/11/14
	·	
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)		
1 Eagle		
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of the M-49 device containing a consider Commercial Ment-based batter used on description of the commercial ment-based batter used on descriptions.)	salting if applicable) of 91.06% so 27502	livm Cyanide.
WAS PREBAITING LISED ON THE SITE (Describe) No	**************************************	
description of the Habitat and circumstances under which the incident occ	URRED	· · · · · · · · · · · · · · · · · · ·
Habitakas a pasture field on to	of a mount	wn that is
DESCRIPTION OF THE MABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCC Habitates a pasture field on to Used to graze strep in spring to	of a mount	ion that is
Habitakes a pasture field on to	of a mount	is near open,
Habitakes a posture field on to	of a mount	in that is is near open, curred during
Habitakes a posture field on to used to graze steep in spring a with only 3 or 4 trees in it requested productor control work	of a mount	in that is is now, open, exceed during
Habitakes a posture field on to used to graze steep in spring to with only 3 or 4 trees in its requested pradator control work	p of a mount symmer. Field t. Incident oc	is norm open, enred during
Habitations a posture field on to used to graze steep in spring to with only 3 or 4 trees in it requested productor control work additional factors. Tracident could have happened between Jan	p of a mount summer. Field t. Incident oc	is werey open, exceed during
Habitations a posture field on to used to graze steep in spring to with only 3 or 4 trees in it requested producted control work applitional factors. Tracident could have happened between Jan prehibited routine thacks and day of inspe	p of a mount symmer. Field t. Incident oc	is worky open, exceed dwifing
Habitations a posture field on to used to graze steep in spring to with only 3 or 4 trees in it requested pradated control work additional factors. Incident sould have happened between Jan prehibited routine checks and day of inspections was 58 yards from device and for within 26 use motostime Engle was 58 yards from device and for within 26 use motostime Evidence Evidence	of a mounty symmer. Field t. Incident oc 15-Feb7. Road a ection roads were and under a large	is worky open, exceed dwiting conditions still back fut parties there. Set was
Habitations a posture field on to used to graze steep in spring to with only 3 or 4 trees in it requested pradated control work additional factors. Incident sould have happened between Jan prehibited routine checks and day of inspections was 58 yards from device and for within 26 use motostime Engle was 58 yards from device and for within 26 use motostime Evidence Evidence	of a mounty symmer. Field t. Incident oc 15-Feb7. Road a ection roads were and under a large	is worky open, exceed dwiting conditions still back fut parties there. Set was
Habitations a posture field on to used to graze steep in spring to with only 3 or 4 trees in it requested pradated control work additional factors. Incident sould have happened between Jan prehibited routine checks and day of inspections was 58 yards from device and for within 26 use motostime Engle was 58 yards from device and for within 26 use motostime Evidence Evidence	of a mounty symmer. Field t. Incident oc 15-Feb7. Road a ection roads were and under a large	is worky open, exceed dwiting conditions still back fut parties there. Set was
Habitations a posture field on to used to graze steep in spring to with only 3 or 4 trees in it requested producted control work additional factors. Incident could have happened between Jan prehibited routine thacks and hay of inspectagle was 58 yards from device and for within 26 use restrictions. Evidence suggistion of preparer the Geagle publish myy. No washe of preparer Statey T Coggins Flatty	of a mounty symmer. Field t. Incident oc 15-Feb7. Road a ection roads were and under a large	is werey open, curred during conditions still back but pa tree. Set was as unlikely as confirmation: +5
Habitates a posture field on to used to graze steep in spring to with only 3 or 4 trees in it requested productor control work additional factors. Incident sould have happened between Jan prehioted routine checks and day of inspectagle was 58 yards from device and for within 26 was motostime.	of a mounty symmer. Field t. Incident oc 15-Feb7. Road a ection roads were and under a large	is worky open, exceed dwiting conditions still back fut parties there. Set was

5. DESCRIPTION OF CONTRO	L SITE Hippont continues on	and propagation frameworks but			
Secluded	spot on	Mountain top.	Not	close to	boundary.
		•		•	·
vas control in compli Væ.5	ite compliance with reg	ulations and good lindement (sign). A	rogram Policy, State/Po	dwai law)	
· • l					
	ADE CONTACT WITH CONTRI				
bly Pulled	M-44 4741	ng to scavenge,			,
					•
nas friner will anima	LS AT TIME OF CONTACT WIT	ii ceneralii: Taku 2	****		
Yes No	NA				•
DESCRIBE EVIDENCE AT &	CEME THAT SUPPORTS OR E	efutes posemile claim of negligence			
Equiper	nent was s	et in accordance	e w/ 26	s use resti	victions
			•		
EMPLOYEE COMMENTS (#	ttach edditional page II nects	rery			
It is it	ust as unli	tely as it is lix	ely that	- The Gol	der Enla
polled the	M-44				
•	, , , , ,				
•					
SIGNATURE OF EMPLOYER				,	7 Fe 214
Janey Marina	NO OFFICER CONTRACTOR AN				174011
PAPERAIN CHAIRT AND A FORMAL	10 Oct 1984 Powelstane bei	füh säällionel pege if necessory			, ,
	4	relance w/ use re			
	·	redation. Golden e		•	0 000
ficed myy	device, app	eared as if it	had falla	a out of a	the encla
leading a	way to prov	e the eggle fired	12 14 14 14 14 14 14 1	to have dir	el the mu
hum Cath	my just a	s much as it was	bet I'm	y orance	marken
INCOL MALLO	nt in tops	tion using a been amounts arou	and sunte	the of ear	Le 2/11/14
VURD F. TET	.,		, , , , , , , , , , , , , , , , , , , ,		0 0 0 0
SIGNATURE OF INVESTIGA	ATING OFFICER	38. DATE SE SIG	KATUME OF SUPERYA	Ģ Ē	37. GATE
	C	2/1/14 /	had In		2/8/14
DC FORM 35 (Reverse	s)		11		111

	6(a)(2) ADV	ERSE EFFECTS INCI	DENT INFO	DRMATION REPORT			
INCIDENT CODE	INCIDENT STATUS			DATE WS BECAME AWARE		ES USE ONLY	
D-A	Date New 02/18/20		ate of last submi	ssion	02/18/2014		BER
EMPLOYEE NAME (To contact for additional information) TELE		TELEPHONE NUMBER CONTACT NAME (If		ME (If Non-APHIS)	Non-APHIS)		UMBER
Michael Halst	701-584-2116		,				
DUTY STATION ADDRESS			ADDRESS			<u>l</u>	
407 South M	Main Street						
Elgin, ND 5							
INCIDENT LOCATION CITY STATE COUNTY			SOURCE OF I	NFORMATION			
Selfridge	ND	Sioux	Self Media	Telephone Call Oral Report	Letter X Other	MTC D-	ata_
EXPOSURE TYPE (Examples in	nclude spill, splash, drift, runc	off or other.)					
		,					
INCIDENT SITE [examples in agricultural (specify crop), rare (specify), recreational area (specify), re	ngeland/pasture, noncrop a cify), right-of-way (rail, utility,	rea, fallow field, public lands	application, mix equipment, dur	RELATING TO PRODUCT A king/loading, reentry, during tr ring manufacturing/formulation device activa es - Domestic	ransport, rep i] ited b	pair/maintenance o	of application
EPA REGISTRATION NUMBER	R PRODUCT NAME		1	ACTIVE INGREDIENT			
56228-15	M-44			Sodium Cyanide			
	14-44						
WAS THE PRODUCT WHAT WAS THE DILUTION RATIO (If applicable))	WERE THE LABEL DIRECTIONS FOLLOWED	I .	THE APPLICATOR IFIED (If applicable	
Concentrated Dilute				X Yes No	×	res No	
IS THERE EVIDENCE OF INTE	NTIONAL MISUSE (If "Yes",	explain)					F
Yes X No							
SUMMARY OF THE INCIDENT	(Attach supplemental form if	needed)					
M-44 devices program for		as part of intection.	ntegrat	ed predator d	amage		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
NAME OF PREPARER	SIG	SNATURE		TELEPHONE NUMBER		DATEGOGO	
Nancy Stephar	n /	and took	in	701-250-4405		02/24/	2014
NAME OF SUPERVISOR Phil Mastran	/1	SNATURE	not	TELEPHONE NUMBER 701-250-4405		DATE 02/24/	2014
		Jun 104	W/		ļ		

59			ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT -	REPORT NUMBER		
"X" ONE	. —	"X" ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish Bird Mammal Invertebrate Rep	tile Plant	Domestic Wild	
SPECIES COMMON NAME		BREED (If known)	<u></u>
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS			
The Domestic Dog was killed after	activati	ing a M-44 device	
	N. 50	wling CUSEPA) con	firmed with A. Nas was truly a
	(V) Spo	=114/2014 that this	was trely a
	don	ester dog iscident	-
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESI	ULTS (if available	, attach copies):	
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial hab	itat)		
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief de	scription of baiting	j if applicable)	
1 M-44 device was activated.			
WAS DEED ALTING LIGED ON THE SITE (Consider)			
WAS PREBAITING USED ON THE SITE (Describe) Yes X No			
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INC	IDENT OCCURR	FN	
M-44 devices were set in Range/Pastu			f coyote
predation in livestock.		-	•
			0 000
ADDITIONAL FACTORS			0 00000
The landowner and his hired hand knew the exact loo			
the dog out while feeding the cows, but when he wen		-	0
open and when he turned around the dog was laying using M-44's for coyote control, furthermore he does	•		00 0 00000
on this property regularly and the risks were very wel		y blanic on vy hunc servi	oco. We have used tylita
NAME OF PREPARER SIGNAT	URE 1	. //	DATE
Nancy Stephan	MALA	Lindron	02/24/2014
NAME OF SUPERVISOR SIGNAT	ORE /		DATE
Phil Mastrangelo	Lil /	world	02/24/2014